

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

25660

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph(No. 200)Ward North Hospital

File No.

Registered No. 782

Ward

2. FULL NAME Kenneth La Verne Wilson(a) Residence, No. 301 Blake

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

whit

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug 3 1933

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

002

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Joseph Mo

13. NAME

Fred Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Olivia Iowa

15. MAIDEN NAME

Isaac Loftis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Olivia Iowa

17. INFORMANT (ADDRESS)

Fred Wilson

18. BURIAL, CREMATION OR REMOVAL

PLACE

St. Joseph Mo

DATE

Aug. 4 1933

19. UNDERTAKER (ADDRESS)

St. Joseph Mo

20. FILED

8-71933John R. Bender

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Aug 5 193322. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1933 to Aug 5, 1933I last saw him alive on Aug 4, 1933. Death is saidto have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Injury to cerebellum(Brain Injury)167 B

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm. N. O'Connell, M. D.(Address) 204 W. 11th St. St. Joseph, Mo.

